

**Level III and Level IV  
Competency Training/Maintenance  
Progress Report**

To: \_\_\_\_\_(Forensic Specialist)

From: \_\_\_\_\_(CMHC) person & facility/agency

Date: \_\_\_\_\_

Session # \_\_\_\_\_ of \_\_\_\_\_

Service recipient's name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Charges: \_\_\_\_\_ Previous training provided? (other charges) \_\_\_\_Y \_\_\_\_N

Level III (misdemeanor) \_\_\_\_ or Level IV (felony—court ordered) \_\_\_\_

The following indicates our determination at this time:

\_\_\_\_\_ Making progress; will continue sessions

\_\_\_\_\_ Considered competent at this time; will report to court

\_\_\_\_\_ Unlikely to attain/maintain competency in the foreseeable future; will report to court

\_\_\_\_\_ Needs psychiatric stabilization at this time; will recommend treatment

\_\_\_\_\_ Final session; person may attain with more training; will report to court and/or request more sessions

Comments: \_\_\_\_\_

\_\_\_\_\_

Name of trainer: \_\_\_\_\_

Coordinator's Signature: \_\_\_\_\_

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For TDMHDD use only:

Date received by TDMHDD: \_\_\_\_\_

Action needed: \_\_\_\_\_

Reviewing specialist: \_\_\_\_\_